

(Official Form 1) (12/03)

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> Northern District of Illinois		<b>Voluntary Petition</b>			
Name of Debtor (if individual, enter Last, First, Middle): <b>Holt, Tony B.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):				
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):				
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-8781</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):				
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>526 East 89th Place</b> <b>Chicago, IL 60619</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):				
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business:				
Mailing Address of Debtor (if different from street address): <b>1423 West 62nd Street</b> <b>Chicago, IL 60636</b>			Mailing Address of Joint Debtor (if different from street address):				
Location of Principal Assets of Business Debtor (if different from street address above):							
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>							
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.							
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13				
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.				
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)							
<b>Statistical/Administrative Information</b> (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses will be no funds available for distribution to unsecured creditors.							
Estimated Number of Creditors		1-15	16-49	50-99	100-199	200-999	1000-ove
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Assets		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50,000,001 to \$100 million
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Debts		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50,000,001 to \$100 million
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chapter 13W/No Plan

U.S. Bankruptcy Court  
Northern District of Illinois

Filed: 11/08/2004

Time: 16:03:20

Debtor: TONY B HOLT

Case: 04-41405

Fee: 194

Chapter: 13 Rec. #: 3110213

Judge: Jacqueline Cox

341 mtg: 12/06/2004 @ 01:00PM

ConfHrg: 12/20/2004 @ 10:30AM

Trustee: TOM VAUGHN



1:04BK41405-BK001

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Page <b>2</b> of <b>4</b> List of Debtor(s): <b>Holt, Tony B.</b>	FORM B1, Page 2
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)			
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	
X <u>Tony Holt</u> Signature of Debtor <b>Tony B. Holt</b>  X _____ Signature of Joint Debtor  Telephone Number (If not represented by attorney) <u>November 5, 2004</u> Date		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X <u>Gregory K. Stern</u> <b>November 5, 2004</b> Signature of Attorney for Debtor(s) Date <b>Gregory K. Stern 6183380</b>	
X <u>Gregory K. Stern</u> Signature of Attorney for Debtor(s) <b>Gregory K. Stern 6183380</b> Printed Name of Attorney for Debtor(s) <b>Gregory K. Stern, P.C.</b> Firm Name <b>53 West Jackson Boulevard</b> <b>Suite 1442</b> <b>Chicago, IL 60604</b> Address <b>(312) 427-1558 Fax: (312) 427-1289</b> Telephone Number <u>November 5, 2004</u> Date		<b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.		<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.	
X _____ Signature of Authorized Individual  Printed Name of Authorized Individual  Title of Authorized Individual  Date		Printed Name of Bankruptcy Petition Preparer  Social Security Number (Required by 11 U.S.C. § 110(c).)  Address  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. X _____ Signature of Bankruptcy Petition Preparer  Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	

Blockbuster Video - 17044  
9110 South Stony Island Road  
Chicago, IL 60617-3511

Citicorp Credit Services  
PO Box 9025  
Des Moines, IA 50368-9025

City of Chicago  
Department of Revenue  
P.O. Box 88292  
Chicago, IL 60680-1292

Collectcorp Corporation  
300 Pearl Street  
Suite 200  
PMB20024  
Buffalo, NY 14202

Collectech Systems  
P.O. Box 4157  
Woodland Hills, CA 91365

Collecto/Credit Pac  
PO Box 608  
Tinley Park, IL 60477-0608

Commonwealth Edison  
Bill Payment Center  
Chicago, IL 60668-0001

Credit Protection Association LP  
13355 Noel Road  
Dallas, TX 75240

Charles Dickson, DDS  
9761 South Cottage Grove  
Chicago, IL 60628

Emergency Medical Services  
c/o Argent Healthcare Financial Services  
PO Box 667  
La Porte, IN 46352

LIST OF CREDITORS

Harvard Collections Services, Inc.  
4839 North Elston Avenue  
Chicago, IL 60630-2534

Illinois Department of Public Aid  
100 West Randolph Street  
Chicago, IL 60601

Illinois Secretary of State  
Mandatory Insurance Division  
502 South 2nd Street  
Room 429  
Springfield, IL 62756

Illinois Secretary of State  
Safety and Financial Responsibility Div  
2701 South Dirksen Parkway  
Springfield, IL 62723

LaPorte County EMS  
809 State Street  
Suite 301A  
La Porte, IN 46350

M.C. Radiologists  
c/o Argent Healthcare Financial Services  
PO Box 667  
La Porte, IN 46352

Michigan City Radiologists, Inc.  
PO Box 1513  
South Bend, IN 46634

National Financial Systems, Inc.  
600 W John Street  
P.O. Box 9046  
Hicksville, NY 11801

SBC  
Bill Payment Center  
Chicago, IL 60663-0001

Sprint PCS  
P.O. Box 790105  
Saint Louis, MO 63179-0105